INTERSTATE COMPACT ON JUVENILES



HOME EVALUATION REPORT HOME REPORT Sending State: Receiving State: Date of Birth: Juvenile's Name: Case No: Currently in placement ☐ Placement recommended Placement not recommended **PLACEMENT INVESTIGATED** Parent/Guardian: Address: (Street Address) (City) (State) (Zip Code) Home Phone No: Work Phone No: HOME/NEIGHBORHOOD/PEERS (physical description, criminal/gang activity, etc.): FAMILY STATUS (composition, interactions, at-risk family members, attitude, support capabilities, etc.):

LEGAL HISTORY OF FAMILY (current charges, probation or parole status):			
PROPOSED PLAN (school/employment, court-ordered conditions, treatment needs):			
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OTHER INSTRUCTIONS:			
REPORTING INSTRUCTIONS:			
Name:	Agency:		
Address:	Agency:		
(Investigating Worker – printed name)	igating Worker – printed name) (Supervisor – prin		
		,	
(Investigating Worker – Signature) (Date)	(Supervisor – Signature) (Date)		
		,	, ,
FOR ICJ OFFICIAL USE ONLY			
☐ Placement Approved		☐ Placement Denied	
(Compact Official Signature)		(Date)	